## Lebanon Recreation Weekly/Saturday Swim Program

2016 Registration Form

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First Name:			Last N	Last Name:			
Address:							
City:			State:	State:		Zip:	
Gender	Last Lev	/el	Age	Age		Phone:	
	Completed						
Email:							
Session Date:	Time:			Lev	Level:		

In the event of an emergency requiring medical attention, after every reasonable effort has been made to contact me, I hereby grant permission and consent to a physician or other hospital personnel to do whatever is deemed necessary to treat my child. The attending physician is given permission to proceed with any medical or minor surgical treatment, x rays and immunizations for my child.

I, for myself and for my heirs and legal representatives, agree to defend, indemnify and hold harmless the Town of Lebanon, their employees and their agents, from any and all suits, claims and demands by anyone arising from my use of Town of Lebanon facilities and equipment, including claims of negligence on the part of the Town of Lebanon, their employees and their agents.

I hereby agree to release, discharge and hold harmless the Town of Lebanon, its employees and volunteers for any liabilities even if due to negligence on the part of the aforementioned parties, which may occur while participating in this program. I have read this waiver and fully understand its terms. I further understand that by signing this agreement I give up substantial legal rights. I have not been induced to sign by any promise or representation and I sign it voluntarily and of my own free will.

Participant or Parent/Guardian Signature

Phone

Date

Weekuays Mic	onday through Thursday
Saturday Less	sons
9:05 to 9:50	Level 6/5
9:55 to 10:30	Level 4/3
10:35 to 11:05	Level 3
11:10 to 11:45	Level 3
11:50 to 12:20	Level P/S 4/3 year olds
12:25 to 12:50	Level P/S 3/2 year olds
Fee: \$80.00 T	own & Franklin Residents
\$90.00 N	lon-Resident
Third Child ha	alf price \$45.00.

Session date

**Time** 

Level